

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

WILLIAM FRANCIS, JR.,

Plaintiff,

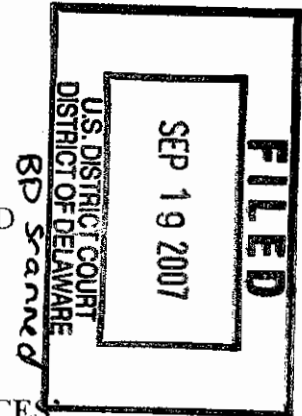
v.

WARDEN THOMAS CARROLL,
CORRECTIONAL MEDICAL SERVICES,
STAN TAYLOR, and JOYCE TALLEY,

Defendants.

C. A. No. 07-015-JJF

TRIAL BY JURY OF
TWELVE DEMANDED



DEFENDANTS CORRECTIONAL MEDICAL SERVICES
FIRST SET OF REQUEST FOR PRODUCTION OF DOCUMENTS
DIRECTED TO PLAINTIFF

Pursuant to Rule 34 of the Federal District Court Rules of Civil Procedure, you are hereby requested to produce the below listed documents and/or items for purposes of discovery. This material will be examined and/or photocopied; photograph negatives will be processed and photographs reproduced. Said documents and items are to be produced at the offices of Marks, O'Neill, O'Brien & Courtney, P.C., 913 Market Street, Suite 800, Wilmington, Delaware 19801, and supplemented thereafter in accordance with the Rules of Civil Procedure.

If any document required to be produced by this Request is claimed by you to be not discoverable because it is privileged or for any other reason, then each such document should be identified in your Response by date, sender, recipient, persons to whom copies have been furnished, and subject matter, and the basis for the claim of privilege or other reason should be stated in your Response.

REQUESTS

1. Any and all statements, descriptions of statements, summaries of statements, memoranda, records or writing (signed or unsigned) of any and all witnesses, including any statements from the parties herein, or their respective agents, servants or employees, including tapes or other mechanically transcribed information.

RESPONSE: I do not have access to my medical records at the Delaware Correctional Center (DCC). It is a policy at DCC that inmates are not authorized to have copies of their medical files. At such time as the Court appoints counsel or I retain counsel I will contact any and all witnesses and/or parties mentioned in my complaint and pleadings. Defendant CMS is in possession of most of the requested information.

2. All photographs, recordings, films, charts, sketches, graphs and diagrams taken and/or prepared.

RESPONSE: I will comply with this particular request as soon as I receive counsel. I do not have the means of obtaining any of the requested information and prison policy prohibits me from possessing any of the above.

3. Any and all reports compiled or prepared by an individual who has been retained as an expert in this matter.

RESPONSE: I will comply with this particular request as soon as I receive counsel and am able to contact the experts referred to in my answers to defendant CMS' First Set of Interrogatories.

4. The names, home and business addresses of all experts contacted.

RESPONSE: I will provide this information as soon as I am appointed counsel to represent me.

5. All writings, memoranda, date and/or tangible things which related directly or indirectly to the incident and damages set forth in Plaintiff's Complaint.

RESPONSE: I have attached the remainder of the requested documents. I have incorporated other documents related to the incident(s) and damages set forth in my complaint into pleadings and answers served on the defendants and submitted to the Court.

6. Any and all copies of Internal Revenue Service Tax Returns for five full years prior to, and all years subsequent to the date referred to in Plaintiff's Complaint.

RESPONSE: I do not have any IRS Tax Returns for five full years filed with the Internal Revenue Service.

7. Any and all documents, records, evidence and anything whatsoever which will be introduced at trial for use in direct examination or impeachment.

RESPONSE: Other than what I have already submitted, I do not have the means to obtain any additional documents, records, evidence and any other materials which will be introduced at trial.

8. Any document or thing the plaintiff has read or referred to in preparation of any pleadings in the instant case.

RESPONSE: I have attached the documents and materials I have read and referred to in preparation of my pleadings in the instant case.

Marks, O'Neill, O'Brien & Courtney, P.C.

By:



Patrick G. Rock, Esquire (I.D. # 4632)

Megan T. Mantzavinos, Esquire (I.D. # 3802)

913 North Market Street, Suite 800

Wilmington, DE 19801

(302) 658-6538

Attorney for Defendant CMS

DATED: Aug. 13, 2007

8. Answer:

"The American Medical Association Family Medical Guide Revised and Updated," Published by Random House, pages 400-401, 444-447, 450-451 and 454;

"The American Medical Association Home Medical Encyclopedia," Published by Random House, pages 783-784;

"The New Complete Medical and Health Encyclopedia," Volume Three, Published by J.G. Ferguson Publishing Company, pages 819-822;

"Dentistry" and "Teeth", © 1993-2000 Microsoft Corporation;

"Dentistry," "Teeth," "Hypertension" and "Kidneys," Microsoft ® Encarta ® 2006. © 1993-2005 Microsoft Corporation

Appeal to Inmate Grievance Committee (IGC)

FORM #584

GRIEVANCE FORM

FACILITY: DCCDATE: OCTOBER 8, 2004GRIEVANT'S NAME: William Francis, Jr. SBI#: 264560CASE#: 5185 (8211)TIME OF INCIDENT: 8:30 pm, 10/7/04HOUSING UNIT: W-1, D-22

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I received a copy of the response from the Inmate Grievance Office and T. Hastings, HSA on 10/7/04 (delivered by Sgt. Herpel). My grievance had been timely filed within 7 days from the date of occurrence - 7/10/04. Institutional records should reflect that I was scheduled for a dental appointment on 7/10/04, and on that date I met with a dental staff member. I became aware on 7/10/04 that although I am entitled to have my periodontal disease treated under the Chronic Care policy, as other inmates similarly situated are, regardless of their condition, I am being denied access to a flosser. As a chronic care case, I should be issued dental floss.

ACTION REQUESTED BY GRIEVANT: I am invoking my right to proceed through the grievance process, and exercising my right to fully exhaust my administrative remedies. I request a hearing by the resident grievance committee, because this matter is unresolved.

GRIEVANT'S SIGNATURE: William Francis, Jr. DATE: 10/8/04

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

RECEIVED

OCT 18 2004

Attention: Cpl. L. M. Merson, Inmate Grievance Chairperson

FORM #584

GRIEVANCE FORM

Inmate Copy

FACILITY: DCC DATE: July 10, 2004
 GRIEVANT'S NAME: William Francis, Jr. SBI#: 264560
 CASE#: 5185 TIME OF INCIDENT: 11:15 a.m.
 HOUSING UNIT: W-Bldg., E 14

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I have been diagnosed with Peridontal disease, an oral and gum disease which requires me to treat it daily by flossing. During a visit to the DCC dental dept. on 7/10/04, I had been informed that, as an inmate, I'm prohibited from possessing, using and otherwise having access to dental floss. The REACH ACCESS Flossing Toothbrush or a similar product, if sold in the commissary, would not violate the internal security of this institution. Denying me access to a secure and harmless daily flossing product would constitute "deliberate indifference" to my medical needs and right to health and adequate treatment, guaranteed by the 8th Amendment.

ACTION REQUESTED BY GRIEVANT: That the Warden and the DCC medical Dept. immediately authorize me to purchase a REACH ACCESS Daily Flosser or a similar product from another manufacturer, through the DCC Commissary.

GRIEVANT'S SIGNATURE: William Francis, Jr. DATE: 7/10/04

WAS AN INFORMAL RESOLUTION ACCEPTED? ☐ (YES) ☐ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT


April '97 REV

RECEIVED
JUL 13 2004
Inmate Grievance Office



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
OFFICE OF THE DEPUTY WARDEN
DELAWARE CORRECTIONAL CENTER
1181 Paddock Road
SMYRNA, DELAWARE 19977
Telephone: (302) 653-9261
Fax: (302) 659-6668

MEMORANDUM

TO: IM William Francis SBI# 264560 W1 D22
FROM: Deputy Warden Pierce 
DATE: November 27, 2006
RE: Dental

I received your letter dated November 5, 2006, regarding issues with your current dental situation and have forwarded your concerns to Director of Nursing Eller for her investigation and action.

DP/dc
Attachment
cc: Director of Nursing Eller
File

RECEIVED

NOV 09 2006

W1
D22

November 5, 2006

DEPUTY WARDEN I

Dear Deputy Warden Pierce:

I have been referred to you by Senior Counselor Jessica Barton. In 1997 in the Federal Prison System I had been diagnosed with periodontal disease, due to malocclusions (improperly spaced teeth, ill-shaped teeth) and not flossing regularly. My periodontal disease had been under control between 1997 and 2003 because I was allowed to use dental floss picks in federal prison, which are safe and disposable.

However, during my stay at DCC since 2004 up to the present, I have not had access to any floss and my condition has worsened. My gums bleed on some days during regular brushing, I experience pain in my gums daily and food and drink seep directly into the pockets formed in my gums. I respectfully request to be approved for consultation with and treatment from a local periodontist. I have already exhausted my administrative remedies and forwarded a written request to John Rundle, Health Services Administrator.

Thank you in advance,

William Francis, Jr.

SBI 264560

W-D-22

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

William Francis Jr.

W-D-22

Name (Print)

Housing Location

01/22/71

264560

12/13/06

Date of Birth

SBI Number

Date Submitted

Complaint (What type of problem are you having)?

I have been referred to you by Scott S. Altman, Quality Assurance Monitor (CMS) for an evaluation from the dentist. I am experiencing persistent pain in my gums and eating and drinking has become more difficult and painful. I request a visit with a periodontist.

William Francis Jr.

12/13/06

Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S:

O:

Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263

